

10/7/17, 461

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2	1		1			
3	2		2			
4	2		2			
5	2		2			
6	2		2			
7	1		1			
8	1		1			
9	1		1	P		
10	1		1	2		
11	2		2			
12	2		2			
13	2		2			
14	2		2			
15	2		2			
16	2		2			
17	2		2			
18	1		2			
19	2		2			
20	2		2			
21	2		2			
22	2		2			
23	1		1			
24			1			
25			1			
26			1			
27			2			
28			2			
29			2			
30			2			
31			2			
32			2			
33			2			
34			2			
35			2			
36			2			
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4		1	4		
TOTAL DEP.	20		14	56		
TOTAL CLAIMS	24		6	60		

TOTAL IND.  
TOTAL DEP.  
TOTAL CLAIMS

16